

# NONAPPROPRIATED FUND INSTRUMENTALITY EMPLOYMENT INQUIRY

For use of this form see AR 215-3; the proponent agency is ODCSPER

1. HOW LONG HAVE YOU KNOWN APPLICANT AND IN WHAT CAPACITY(IES)? (Check applicable block and enter below)		2. IF EMPLOYER OR SUPERVISOR, INDICATE:				
		BEGINNING SALARY	POSITION TITLE	DATE		
CAPACITY	APPROXIMATE TIME KNOWN	LAST SALARY	POSITION TITLE	DATE		
SUPERVISOR		3. IF NO LONGER IN YOUR EMPLOY, SHOW REASON FOR LEAVING				
EMPLOYER						
FELLOW EMPLOYEE						
ACQUAINTANCE						
OTHER (Specify)		4. WOULD YOU REEMPLOY APPLICANT IN THE SAME POSITION?				
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	(If no, indicate reasons under "Remarks.")		
PERSONAL APPRAISAL (Based on your experience with applicant, indicate by check mark in the appropriate column your evaluation of the following factors.)		INSUF-FICIENT OPPOR-TUNITY TO OBSERVE	OUT-STANDING	BETTER THAN AVERAGE	ADEQUATE	UNSATIS-FACTORY
5.a. DEPENDABILITY - Accepts assigned responsibility and effectively accomplishes duties in an approved manner within time established.						
b. COOPERATION - A team worker, maintains good working relationships.						
c. INITIATIVE AND CREATIVENESS - Ability to think along original lines and to work without detailed instructions or supervision.						
d. EMOTIONAL STABILITY - Poise and judgment in meeting adverse or emergency situations.						
e. ADJUSTABILITY - Ability to adjust to changes in working or living environments.						
f. CONSIDERATION FOR OTHERS - Courteous in daily contacts including attitude toward different races, religions, and nationalities.						
g. COMPLETE ONLY IF CHECKED:						
	JOB KNOWLEDGE - Has knowledge of techniques and procedures applicable to the job for which being considered.					
	MANAGERIAL SKILLS - Ability to plan and organize work.					
	SUPERVISION - Ability to supervise other employees.					
Check applicable block. (If any answer is "yes" to the following questions, give details under "Remarks.")					YES	NO
6. Do you have any reason to question this person's loyalty to the United States?						
7. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not reliable, honest, trustworthy, and of good conduct and character?						
8. REMARKS						
9. DATE		10. NAME OF ORGANIZATION		11. YOUR POSITION OR TITLE AND SIGNATURE		

Dear

is being considered by this office  
for a position which is not under Civil Service, as

In the application for employment, the candidate indicates:

☐ your name as a reference

☐ association with your organization from

The Department of the Army is charged with the responsibility of administering certain critical programs both at home and abroad. It is essential that these programs be administered in a manner which reflects to the credit of this Government. Therefore, it is necessary that individuals selected for employment be fully qualified and have personal characteristics and loyalty which are above reproach.

In selecting applicants we must depend in a large measure upon information and advice given us by persons who have been associated with them. It will be appreciated, therefore, if you will furnish, to the best of your knowledge, information as indicated on the reverse of this letter. Your frank evaluation will be of great assistance to us in determining the applicant's suitability for selection for the above position.

The information you provide, including your identity, will be disclosed to the person identified above if he or she should so request.

Inasmuch as final selection for this position will be influenced by your reply, we shall appreciate hearing from you as soon as possible. We are enclosing a self-addressed envelope which requires no postage.

Sincerely yours,

Enclosure